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SERIAL NUMBER 10/708,684	FILING DATE 03/18/2004 RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. FIS920040007
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APPLICANTS

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None NL

** CONTINUING DATA *****

None NL

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/20/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>Name</i>	Allowance <i>Initials</i>	NY	5	20	3
	Examiner's Signature	Initials			

ADDRESS

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TITLE

ALTERNATING PHASE-SHIFT MASK RULE COMPLIANT IC DESIGN

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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